

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1789

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 1286

### 1. PLACE OF DEATH:

County St. Mary's  
 City or town Burial  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 15 yrs.  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD County St. Mary's  
 City or town Burial  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

### 3. (a) FULL NAME

Robert Crawley

### 3. (b) Social Security Number

4. Sex m 5. Color or race wh 6.(a) Single, married, widowed, or divorced divorced

6.(b) Name of husband or wife Minnie Collins

7. Birth date of deceased (mo., day, yr.) 2-15-1886 6.(c) If alive, give age 60 years

8. AGE: Years 60 Months 1 Days 12 If less than one day  
 hrs. min.

9. Birthplace Palmira  
 (Town, county, and state)

10. Usual occupation clerk

11. Industry or business

12. Name Robert Crawley

13. Birthplace River Green

14. Maiden name Sarah Sumner

15. Birthplace River Green

16. Informant Robert Crawley

Address 512 West 1st St. Md

17. Burial Date thereof 3-30-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory all saints

Location Calver

18. Funeral director M.C. Watkins & Sons

Address Lincolnton

19. 3-28-46 19 46 B.V. Palmer  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

2D. DATE OF DEATH 3-27-46 19 46 at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

dead 19 46 to 19

and that I last saw him alive on 3-27-46 19 46

Immediate cause of death Accidental DURATION

Due to Fall down stairs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer M. D. or other

Address Lincolnton Date signed 3-28-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REC'D

APR 1 1946

BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

02932

Reg. Dist. No. 252

## 1. PLACE OF DEATH:-

County St. Mary's  
 City or town Rural Bushwood  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 40 yrs  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County St. Mary's  
 City or town Rural Bushwood  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Archie Amelia Hubert

## 3. (b) Social Security Number

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced married  
 8.(b) Name of husband or wife William Hubert  
 6.(c) If alive, give age 64 years  
 7. Birth date of deceased (mo., day, yr.) 1-26-1872  
 8. AGE: Years 74 Months 1 Days 20 If less than one day  
 hrs. min.

9. Birthplace Chapin St. Mary's md  
(Town, county, and state)10. Usual occupation Housewife

## 11. Industry or business

MOTHER FATHER  
 12. Name Samuel Dean  
 13. Birthplace Chapin md  
 14. Maiden name Hellie Young  
 15. Birthplace Chapin St. Mary's md

16. Informant William Hubert  
 Address Bushwood md

17. Buried Date thereof 3-21-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Samuel Heart  
 Location Bushwood md

18. Funeral director C. M. Atkinson  
 Address Samuel Heart

19. 3-20- 19 46 W. V. Palmer  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18- 19 46 at 8:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
8-8- 19 46 to 3-18- 19 46  
 and that I last saw him alive on 3-12- 19 46

Immediate cause of death Cerebral  
apoplexy  
 Due to Chronicity of Cardiac  
Angina Pectoris

## DURATION

3-45

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Robert V. Palmer

M. D. or other

Address Bushwood md Date signed 3-20-46

✓  
N.Y.  
94

RECEIVED  
MAR 27 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

## CERTIFICATE OF DEATH

Reg. Diat. No. 281

## 1. PLACE OF DEATH:

County St. Marys  
 City or town near Mechanicsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 8 days  
 Hospital, institution, or street address where death occurred

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland (County St. Marys)  
 City or town Mechanicsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Rt. 7, d. 1  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

William Bernard Long

## 3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Mary B. Long

7. Birth date of deceased (mo., day, yr.)

Nov 18 1853

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

if less than one day

9248

hrs.

min.

9. Birthplace

Abells St Marys Maryland  
(Town, county, and state)

10. Usual occupation

farmer

11. Industry or business

MOTHER FATHER

12. Name

Bernard Long

13. Birthplace

St Marys ca

14. Maiden name

Lucy Long

15. Birthplace

St Marys ca

16. Informant

Richard Long

Address

Chapinville Md

17. (Burial, cremation, or removal, which)

Burial

Date thereof

March 28 1946  
(month) (day) (year)

Cemetery or crematory

St Joseph

Location

Maryanna Md

18. Funeral director

Wm. M. Mulligan

Address

Leonardtown Md

19.

3-28-

19.

46

(Date rec'd by registrar)

Wm. M. Mulligan  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1946 at 2:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 19 1946 to March 26 1946  
and that I last saw him March 23 1946 alive on

Immediate cause of death

Cerebral Hemorrhage

Due to

Due to

basal ganglia bleed  
dissect

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed 3/26/46

RECEIVED

APR 1 1946

BUREAU V A



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1370

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

County St. MarysCity or town Rural Park Hall  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. MarysCity or town Mechanicville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Gachery Joseph Pilkerton

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

WidowedB. (b) Name of husband or wife Matilda Rencher7. Birth date of deceased (mo., day, yr.) Unknown 1871

B. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 74 Months unknown Days \_\_\_\_\_ It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Mechanicville, Md  
(Town, county, and state)10. Usual occupation Farmer

## 11. Industry or business

12. Name Joseph Pilkerton13. Birthplace Maryland14. Maiden name Unknown

15. Birthplace \_\_\_\_\_

16. Informant Hilary HillAddress Park Hall, Md17. Burial Date thereof March 20, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Joseph CemeteryLocation Morganza, Md18. Funeral director Wm E Mattingly SonsAddress Leonardtown, Md19. March 18, 1946 At Bean Mt  
(Date rec'd by registrar) (local) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 18, 1946 at 7:50 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1945 to March 18, 1946 and that I last saw him alive on March 17, 1946

Immediate cause of death \_\_\_\_\_ DURATION

Interstitial Nephritis 10 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hypertrophy of prostate 5 years

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE At Bean Mt M. D. or otherAddress Great Mills, Md Date signed March 18, 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 19 1946

BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Md

## CERTIFICATE OF DEATH

02935

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

County St. Marys  
 City or town Calverton (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 months  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County St. Marys  
 City or town Calverton (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex M. 5. Color or race white 6.(a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife Sadeline Owens  
 7. Birth date of deceased (mo., day, yr.) 1913 8.(c) If alive, give age 32 years  
 8. AGE: Years 33 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Franklin Co. Virginia  
(Town, county, and state)10. Usual occupation Engine man

11. Industry or business \_\_\_\_\_

12. Name Bernard Stanley13. Birthplace Virginia14. Maiden name Bert Stanley15. Birthplace Virginia16. Informant Clara StanleyAddress Virginia17. Burial Date thereof 3-29-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory LongviewLocation Franklin Co. Virginia18. Funeral director Rocky Mount Funeral HomeAddress Franklin Co. Virginia19. 3-27- 19 46 ppr Beary MD  
(Date rec'd by registrar) (month) (day) (year) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 19 46 at 9:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 46 con 8-26 19 46and that I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_Immediate cause of death acute dilatation of heart DURATION \_\_\_\_\_Due to long and excessive alcoholism

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Anteopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. J. Greenwell M.D. M. D. or other \_\_\_\_\_Address Leonard Stanley Date signed 3-27-46

RECEIVED

MAR 29 1945

BUREAU V S

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

## CERTIFICATE OF DEATH

03125

★ Reg. Dist. No. 292

1. PLACE OF DEATH:  
County St. Mary's  
City or town Leonardtown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
St. Mary's Hosp.  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Ch. Del. County St. Mary's  
City or town Prick Hill  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) if veteran, name war World War I ★

3. (a) FULL NAME Jessie F. Taylor

3. (b) Social Security Number

4. Sex male 5. Color or race colored 6. (a) Single, married, widowed, or divorced married  
6. (b) Name of husband or wife Mar. F. Taylor  
7. Birth date of deceased (mo., day, yr.) March 1, 1886 6. (c) If alive, give age 54 years  
8. AGE: Years 60 Months 8 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace W. Maryland  
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Samuel Taylor

13. Birthplace W. Maryland

14. Maiden name Rebelle Biscoe

15. Birthplace W. Maryland

16. Informant Mar. F. Taylor

Address Prick Hill, Md.

17. Cremation Date thereof 3/12/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Green Field

Location Greenhansville, Md.

18. Funeral director C. B. Robinson

Address Leonardtown, Md.

19. 3/11/46 Cremation

(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1946, at 11:10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1945, to March 9 1946, and that I last saw him alive on March 8 1946.

Immediate cause of death Carcinoma of Thyroid with metastasis

DURATION 5 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ injured at work?

23. SIGNATURE Mr. H. Patrick M.D.

M. D. or other

Address Pearson md Date signed 3-10-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED TO THE UNITED STATES OF AMERICA

RECEIVED TO THE UNITED STATES OF AMERICA

RECEIVED  
MAR 13 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (136)

## CERTIFICATE OF DEATH

Reg. Diat. No. 02936 287

## 1. PLACE OF DEATH:

County St. MarysCity or town Rural California  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. MarysCity or town Rural California  
(If outside city or town limits, write RURAL and give nearest town)Street No. Catant Beach  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

William Ford Warwick

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Edna S. Warwick

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) March 19, 18858. AGE: Years 61 Months — Days — If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Washington DC  
(Town, county, and state)10. Usual occupation Sheet metal worker11. Industry or business Wing yard12. Name Alfred Warwick13. Birthplace Washington DC14. Maiden name Johanna Adams15. Birthplace Washington DC16. Informant Mrs. Edna WarwickAddress California, Md17. Burial Date thereof March 21, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Charles County, Md18. Funeral director Went & RyanAddress Waldorf, Md19. March 19, 1946 Registrar Alfred Warwick  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1946 at 4 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 12, 1946 to March 19, 1946and that I last saw him alive on March 18, 1946

Immediate cause of death

Pulmonary Tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Alfred Warwick M. D. or otherAddress Great Mills Md Date signed 3/7/46

RECEIVED  
MAR 23 1946  
BUREAU V.A.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-P)

## CERTIFICATE OF DEATH

Reg. Dist. No. 112935282

## 1. PLACE OF DEATH:

County.....St. Marys.....  
 City or town.....near Chesapeake - 28 years.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....  
 Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State.....MD..... County.....St. Marys.....  
 City or town.....Rural near Chesapeake.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Ella L. Wheeler

## 3. (b) Social Security Number

4. Sex.....Female..... 5. Color or race.....White..... 6. (a) Single, married, widowed, or divorced.....married.....

6. (b) Name of husband or wife.....Ernest Wheeler.....  
 7. Birth date of deceased (mo., day, yr.).....Aug 11 - 1886..... 8. (c) If alive, give age.....42..... years

8. AGE: Years.....69..... Months.....7..... Days.....6..... If less than one day..... hrs. .... min. ....

9. Birthplace.....Dover, St. Marys, Md.....  
 (Town, county, and state)  
 10. Usual occupation.....at home.....

11. Industry or business.....  
 12. Name.....Joseph Latham.....  
 13. Birthplace.....St. Marys Co. Md.....

14. Maiden name.....Mary.....  
 15. Birthplace.....Md.....

16. Informant.....Latham Wheeler.....  
 Address.....St. Marys, Md.....

17. Date of death.....Mar. 20 - 1946.....  
 (Burial, cremation, or removal, which?)..... (month) (day) (year)  
 Cemetery or crematory.....Good Heart.....  
 Location.....near Burkwood.....  
Md. Mortuary Co.

18. Funeral director.....Lernardum, Md.....  
 Address.....

19. 3/19.....46.....  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....March 19..... 1946..... at.....8:15 a.m......

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....March 17..... 1946..... to.....Mar 19..... 1946.....  
 and that I last saw him alive on.....March 16..... 1946.....

Immediate cause of death.....Chronic Myocarditis..... DURATION.....7.....

Due to.....  
 Due to.....  
 Other conditions.....Chronic nephritis.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE.....R. B. Johnson..... M. D. or other.....  
 Address.....Maryland Md..... Date signed.....3/17/46.....

RECEIVED

MAR 21 1946

BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore <sup>MD</sup>

## CERTIFICATE OF DEATH

Reg. Dist. No. <sup>12838</sup>

## 1. PLACE OF DEATH:

County St. Marys  
City or town Coverly Heights Chasson Md  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County St. MarysCity or town Chasson  
(If outside city or town limits, write RURAL and give nearest town)Street No. #19 Adams Ave.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

John Henry Williams

## 3. (b) Social Security Number

239-12-8720

4. Sex

M

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

Mary Agnes Williams

7. Birth date of

deceased (mo., day, yr.)

Oct1920

8. (c) If alive, give age

25 years

8. AGE:

Years

Months

Days

If less than one day

25

hrs. min.

9. Birthplace

North Carolina  
(Town, county, and state)

10. Usual occupation

Fireman

11. Industry or business

MOTHER FATHER

12. Name

Stanley Williams

13. Birthplace

North Carolina

14. Maiden name

Margaret Gandy

15. Birthplace

North Carolina

16. Informant

Mary Agnes Williams

Address

Heimonsville Md.

17.

(Burial, cremation, or removal, Which?)

Date thereof

3/25/46  
(month) (day) (year)

Cemetery or crematory

Holy Sepulchre

Location

Great Mills

18. Funeral director

P B Robinson

Address

Leonardtown Md.

19.

(Date rec'd by registrar)

19.

46

Cavalier

Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

3-23

19.

46 at 9a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.

Jan 3-231946

and that I last saw him

live on

19.

Immediate cause of death

Shock

DURATION

Due to

Hemorrhage

Due to

Acute Pancreatitis

Other conditions

normal

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

yes Acute Hemorrhagic Pancreatitis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Francis F Greenwell Jr

M.D. or other

Address

Leonardtown Md.date signed 3-23-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

APR 4 1946

BUREAU V.S.